A Pilot Intervention to Strengthen Coordination between Primary Care and Prenatal and Early Childhood Home Visiting for Vulnerable Families in Baltimore

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Introduction

- Coordination between primary care (PC) and *evidence-based* prenatal/early childhood home visiting (HV) not well studied
- Federally-funded HV serves vulnerable pregnant women & families
- 3-5 years longitudinal support, psycho-social assessments; parenting education
  - – *PCPs often unaware of HV*
- Improved coordination might increase effectiveness and efficiency

Objectives

Develop/test intervention to improve coordination between PC and HV for high-risk pregnant women/young children as indicated by:

- Enhanced mutual awareness
- Improved relationships/trust
- Mutually agreed coordination content
- Established workflows/communications through dedicated point of contact

Methods

- Mixed methods – intervention designed from qualitative data gathered from PCPs, HV leadership & staff, families receiving HV

Methods

- Pilot conducted with large urban family practice and 2 nearby federally-funded HV programs
- PCPs, HV staff completed pre/post surveys measuring knowledge, attitudes, experiences of coordination
- Intervention mothers participated in follow up focus group
- PCP awareness of HV measured via Pregnancy Risk Assessment (PRA) data from EHR. PRA required in Maryland to determine HV eligibility
- Contact tracking logs

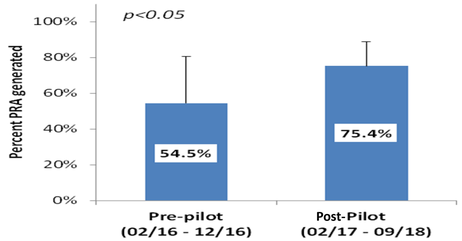
Intervention

- Clinic Care Coordinator (CC) trained as point of contact/conduit for information exchange between HV and PC
- CC accessible to HV staff, PCPs, and intervention mothers
- Expectation to convey abnormal screenings
  - Maternal depression, substance use, child development, medical/psychosocial
- PCPs and HVs trained re their roles

Between 8/2017 - 4/2018, 18 participants enrolled
➢ (8 mothers, their babies, 2 pregnant women)
Followed 6-12 months; mean 7.2 months

Results

PRA Completion rates by PCPs (proxy for awareness of HV) before and after Coordination Pilot



PCPs Knowledge, Beliefs, Behaviors re their Practice's Coordination with HV, pre/post Intervention

	Pre (n=30)	Post (n=29)
Knowledgeable about HV	3%	21%
Knowledgeable how to refer into HV	4%	17%
Practice has a dedicated CC for HV	27%	48%
Practice actively coordinates with HV	15%	21%
Ever contact HV prgm	17%	38%

HVs Knowledge, Beliefs, Behaviors re their Program's Coordination with PC, pre/post Intervention

	Pre (n=34)	Post (n=29)
Know whether clients receive PC at intervention practice	NA	83%
HV prgm effectively relays relevant client info with PC	58%	76%
Confident that HV prgm effectively coordinates with PC	27%	57%
Coordination with PC helps clients' overall health	55%	52%
HV prgm expects communication of abn depr screens to PC	17%	29%
Ever communicate or send client information to PC	69%	61%
Ever contact PC Care Coordinator to discuss concerns	29%	48%

Coordination topics & number of contacts/topic, N=140 contacts§ (topic %)

General health concerns	11 (8)
Maternal mental health	5 (4)
Child development	4 (3)
Discuss or make referral	15 (11)
Appointment issues	15 (11)
Discuss concerns brought up by mothers	52 (37)
Request for health records	1 (1)
Housing issues	2 (1)
Administrative information sharing	33 (24)

§ 80% of contacts were initiated by PC Care Coordinator
57% of contacts were by phone, requiring multiple attempts

Mothers' Coordination Beliefs & Experiences:

Themes from Focus Groups: pre/post

Pre-Intervention mothers:
- Assumed that their doctor was unaware they receive HV
- Predicted obstacles due to their own PC access problems
- Favored coord if they had good relationship with own doc/HV
- Worried that coordination might increase CPS reports

Post-Intervention mothers:
- Experienced increased access to PC
- Welcomed assistance navigating referrals
- Gained clarity with conflicting/confusing health messages
- Reaped stability that mitigated unpredictability in their lives

Conclusions

- **Coordination knowledge, beliefs, behaviors generally changed in the desired direction, but remained low**
- **Developing and sustaining coordination relationships is challenging**
- **Dedicated care coordinator and workflow training is necessary, but *not* sufficient**
- **Participant mothers perceived value in coordination**
- **Absence of HIPPA-compliant electronic infrastructure may have contributed to limited coordination**

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